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TC 1700

## INFORMATION DISCLOSURE STATEMENT

Applicant	:	McGrath, et al.
App. No.	:	10/082,473
Filed	:	February 21, 2002
For	:	SQUARE-HOLED SPIRAL WELDED FILTER ELEMENT SUPPORT SLEEVE
Examiner	:	Unknown
Group Art Unit	:	1723

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing references that are also enclosed.

This Information Disclosure Statement is being filed before the mailing date of a final action under 37 C.F.R. § 1.113 and before the mailing date of a Notice of Allowance under § 1.311. A certification under 37 C.F.R. § 1.97(e) is set forth below. Thus, no fee is required as set forth below in 37 C.F.R. § 1.97(c).

CERTIFICATION UNDER 37 C.F.R. § 1.97(e)(1)

I hereby certify that each item of information contained in this Statement was first cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement.

Respectfully submitted,

KNOBBE, MARTENS, OLSON &amp; BEAR, LLP

Dated: July 18, 2003

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FORM PTO-1449 U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO.  
PFLD.157A

APPLICATION NO.  
10/082,473

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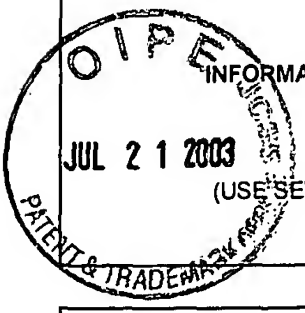
APPLICANT  
McGrath, et al.

FILING DATE  
February 21, 2002

GROUP  
1723

INFORMATION DISCLOSURE STATEMENT  
BY APPLICANT

(USE SEVERAL SHEETS IF NECESSARY)



U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE (IF APPROPRIATE)
	6,096,207	08/01/00	Hoffman, Jr., et al.			
	3,642,141	02/15/72	Hobson, Jr.			

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
	EP 0 335 571 A2	10/04/89	EPO				

OTHER DOCUMENTS (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)

EXAMINER INITIAL	

S:\DOCS\RBH\RBH-2142.DOC  
071803

EXAMINER	DATE CONSIDERED
*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.	